

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS (LSBME)

Main Phone: (504) 568-6820 (auto attendant)



GENERAL INSTRUCTIONS (REV.011105)

Visit the LSBME website at www.lsbme.louisiana.gov

Application Processing Addresses:

Clinical Laboratory Personnel—LSBME, P.O. Box 54383, New Orleans, LA 70154-4383

Other than Clinical Laboratory Personnel—LSBME, P.O. Box 54403, New Orleans, LA 70154-4403

Criminal Background Check Address:

LSBME, ATTN.: CB, P. O. Box 30250, New Orleans, LA 70190-0250

Louisiana State Board of Medical Examiners—New Orleans, Louisiana

Physical Address: 630 Camp Street, New Orleans, LA 70130

General Correspondence Mailing Address: P.O. Box 30250, New Orleans, LA 70190-0250

LSBME CONTACTS:

Application Processing Addresses:

Clinical Laboratory Personnel—

LSBME, P. O. Box 54383, New Orleans, LA 70154-4383

Other than Clinical Laboratory Personnel—

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General Correspondence Mailing Address:

P. O. Box 30250, New Orleans, LA 70190-0250

Physical Address: 630 Camp Street, New Orleans, LA 70130

Board Contacts

For more information, contact the appropriate office listed below, or refer to the LSBME website at www.lsbme.louisiana.gov.

- Main Phone (504)568-6820
- Executive Offices Ext. 242
- Continuing Education & Resources Ext. 390
- Licensure Ext. 227
- Investigation & Enforcement Ext. 264
- HOTLINE (800)296-7549

Other Board Contacts:

Physicians & Osteopaths

Acupuncturists
Interns

Ext. 234/267
Ext. 300/271

Reciprocity

International Medical School Graduates

Dispensing Registration

Podiatrists

Allied Health

Acupuncturist Assistants

Athletic Trainers

Clinical Exercise Physiologists

Clinical Laboratory Personnel

Midwives

Occupational Therapists

Physician Assistants

Private Radiological Technologists

Respiratory Therapists

Ext. 226

Ext. 234/267

Ext. 300/271

Ext. 225

Ext. 234/267

Ext. 233

Ext. 235

Ext. 261/301

Ext. 233

Ext. 233

Ext. 225

Ext. 300/271

Ext. 235

E-mail Addresses at the LSBME:

- For auto response to request status of license, permit, certification and/or registration: www.lsbme.louisiana.gov
- To verify status of a license, permit, certification and/or registration: lsbmever@lsbme.louisiana.gov
- To order Criminal Background Check Materials (i.e. fingerprint cards): lsbmemat@lsbme.louisiana.gov

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GENERAL STATEMENTS

INSTRUCTIONS FOR COMPLETING THE LSBME APPLICATION

READ THESE INSTRUCTIONS and those throughout the application packet carefully before completing the application. *Failure to submit all required information and appropriate documentation may result in processing delays.* All of the information provided herein is subject to change.

LEGAL NOTICE

NOTARIZED DOCUMENTS All forms to be notarized *must be signed in the presence of a notary. Do not sign those forms outside the presence of a notary.*

OFFICIAL FORM DOCUMENT OF THE STATE OF LOUISIANA; SIGNATURE OF APPLICANT

- This application is an official form document of the State of Louisiana. Submission of this application to the Louisiana State Board of Medical Examiners (LSBME), constitutes filing this document with an agency of the State of Louisiana and/or a public official.
- Applicant is responsible for all information recorded on the application. The applicant is presumed to have personally completed, read and signed the application. Cause for non-issuance of a license, *as well as the revocation, suspension and/or other action against a licensee*, includes
 - Fraud, deceit or perjury in obtaining any diploma, license, permit, certification and/or registration.
 - Providing false testimony before the Board and/or providing false sworn information.
- *Filing false statements with the LSBME may constitute a criminal offense, among other violations, under Louisiana law.*
- Forms provided by and/or authorized by this agency are the only forms that are accepted by this agency.
- The answers to all questions must be typewritten or block print except as otherwise provided.
- By signing this application, applicant swears and/or affirms that the information filed with the LSBME is true and correct.

LSBME WEBSITE

The LSBME website is www.lsbme.louisiana.gov. Refer to the LSBME website for updated information regarding the LSBME. A non-exclusive resource for Louisiana laws, rules and regulations is at the LSBME website where a non-exclusive list of links is available. It is the responsibility of the researcher to review the most recent laws, rules and regulations from all available and proper resources. The LSBME has made every reasonable attempt to list the most recent addresses of Third Parties. Addresses are provided as a convenience to the Applicant. The applicant is ultimately responsible for contacting Third Parties at the proper addresses.

GLOSSARY OF TERMS

Glossary of Acronyms Used in this Application

ACGME.....American Council on Graduate Medical Education	NBCOT National Board for Certification in Occupational Therapy
ECFMGEducational Commission for Foreign Medical Graduates	NBME National Board of Medical Examiners
FCVS..... Federation Credentials Verification Service	NBOME..... National Board of Osteopathic Medical Examiners
FLEXFederation Licensing Examination	NBRC National Board for Respiratory Care, Inc.
FSMB..... Federation of State Medical Boards, Inc.	CCPA National Certification Commission for Physician Assistants
LSBMELouisiana State Board of Medical Examiners	PANCE Physician Assistant National Certifying Exam
MCCMedical Council of Canada	PMLexis ... Podiatric Medical Licensing Examination for States
NARM..... North America Registry of Midwives	SPEX Special Purpose Examination
NATA..... National Athletic Training Association	USMLE United States Medical Licensing Examination

PART I: GENERAL INSTRUCTIONS

1. Applicants and holders of licenses, permits, certificates and/or registrations have a ***continuing obligation*** to notify the LSBME of any and all changes to answers on the application, including change of mailing address (es).
2. Make a copy of the application before completing it in the event of a mistake.
3. Type or block print the information requested according to instructions. Sign all documents in blue or black ballpoint pen. LSBME Analysts will not interpret or make assumptions about the information reported. Illegible information results in processing delays.
4. Provide a response to ***each*** piece of information in the application packet. Items that are not applicable should be marked “N/A” for Not Applicable. Applicant may be required to clarify, in writing, any item that is left blank on the application.
5. Include ***all*** components of the requested information, especially complete names and addresses of institutions. Failure to submit full addresses may result in delays.
6. To avoid delays and misidentification, the applicant should double-check spelling and accuracy of the information provided.
7. Print full last name at the top of each page of the application form in the space provided.
8. For reference, make a copy of completed application before filing it with the LSBME.
9. The LSBME does ***not*** accept cash. Monies must be in U.S. currency, except as otherwise specifically provided. See “LSBME Fees and Charges by Third Party Providers”.
10. All requirements for license, permit, certification and/or registration must be met before any license, permit, certification and/or registration is issued by the LSBME.
11. LSBME conducts a criminal background check of applicants. See special notes at “Criminal Background Check” herein.
12. Applicant ***must*** account for all time from high school graduation to present. Normal school vacation (summer months) is the exception. An application is considered incomplete if all time is not accounted for in the application.
13. Under certain circumstances, the LSBME may establish additional requirements for license, permit, certificate and/or registration.
14. Only the LSBME can advise regarding the requirements for license, permit, certificate and/or registration. The LSBME shall not be bound by nor will it be held responsible for instructions or advice given by another source.
15. Applicants are advised not to rely, at any time, upon verbal advice from any source.
16. Application must be complete ***before*** making a personal appearance before a member of the LSBME or member of an Advisory Committee of the LSBME, as applicable. See “Personal Appearances” herein.
17. Laws and the rules and regulations of the LSBME provide the requirements for license, permit, certificate and/or registration. Laws, rules and regulations are subject to change. Laws, rules, and regulations applicable at the time that an application is ***complete and received by the LSBME*** are the laws, rules, and regulations applied. ***Eligibility and qualification for licensure are based upon applicable laws, rules and regulations and not upon verbal advice of staff and/or any other source.*** Applicants should refer to the LSBME website for links to laws, rules and regulations.

GENERAL TIMELINE, APPLICANT INFORMATION SUPPORT, AND PROCESS

The application process is a deliberate process, which generally takes approximately 90 days from the time the LSBME receives the **completed** application.

- LSBME conducts verification of credentials and processes applications in the order they are deemed “acceptable” by internal quality assurance standards.
- The LSBME conducts primary source verification of credentials and criminal background check of applicants.
- The LSBME depends on third-party sources to provide information and data. ***For that reason, there are delays presented that are beyond the control of the LSBME.***
- When all primary source information is collected and all other requirements are met, the application is presented to the LSBME in the order it becomes complete. The LSBME does not expedite processing of one application over another.
- Applications are maintained in pending status until all applicable information is received by the LSBME.

The LSBME meets monthly, except during April and November. Only those applications that are complete are presented to the Board for review.

Generally, applicants are contacted within approximately 7-10 working days thereafter by U.S. Mail at the address on the application. Applicants with e-mail addresses may also be contacted by the LSBME within three days of the decision of the LSBME. Further, all applicants approved by the LSBME may refer to the following agency electronic address for verification of board approval the day after the Board meets: lsbmever@lsbme.louisiana.gov

LSBME staff is prepared to answer questions about how to complete the application as well as to provide general status of application once received. “General status” is defined as confirmation of whether a specific document has been received by LSBME. Further specific information about the application packet (which requires speaking directly with the assigned Analyst) is generally unavailable until ***after 60 days*** from the date the LSBME receives the application packet. *For purposes of providing information referenced herein, the date the LSBME receives the application is the date the check, money order, or certified monies are deposited in the LSBME account. For that reason, the applicant should forward the application and fees to the application processing address listed throughout this booklet.* Applicant may refer to the date of deposit of fees to establish the commencement of the processing timeline. Applicants, who need proof of the date the LSBME begins processing the application, should use this information and their canceled check for that purpose. The LSBME website provides a means of verifying status of license, permit, certificate and/or registration.

NOTE: The LSBME receives a large number of status calls daily. In order to expedite processing, please allow at least 30 days before inquiring about the status of an application.

OFFICE HOURS, WALK-INS AND BOARD CONTACTS

Office Hours

For best service, contact the LSBME between the hours of 8:30 a.m. – 3:00 p.m. CST, Monday through Friday. Applicants should refer to the LSBME website for information regarding availability of staff, methods of contacting staff, public holidays and special closings of the office. The official office hours are 8:30 a.m. - 4:30 p.m. CST, Monday through Friday.

Walk-Ins

Public contact at the LSBME is most readily available Monday-Friday, 8:30a.m. – 3:00p.m.

Board Contacts

For more information, contact the appropriate office listed below, or refer to the LSBME website at www.lsbme.louisiana.gov.

- Main Phone (504) 568-6820
- Executive Offices Ext. 242
- Continuing Education & Resources Ext. 390
- Licensure Ext. 260
- Investigation & Enforcement Ext. 264
- HOTLINE (800) 296-7549

For individual offices in the Licensure Office, see “Contacts” herein.

E-MAIL ADDRESSES AT THE LSBME

Staff Addresses

Refer to the LSBME website for e-mail addresses of the LSBME staff. It is the policy of this agency for its employees to make every effort to respond to e-mail correspondence on the workday the e-mail is received by staff. It is also the policy of this agency for staff to provide an auto response to e-mail senders when staff is unavailable. Any e-mail sender, who is concerned about LSBME receipt of e-mail or timeliness of response, should write the LSBME at the general correspondence address or call.

Agency Addresses

- For auto response to request status of license, permit, certification and/or registration: www.lsbme.louisiana.gov
- To verify status of a license, permit, certification and/or registration: lsbmever@lsbme.louisiana.gov
- To order Criminal Background materials (i.e. fingerprint cards): lsbmemat@lsbme.louisiana.gov

PERSONAL APPEARANCES

The LSBME may require an applicant to appear before a member of the board or one of its advisory committees. The applicant who receives assistance from an agent (i.e. recruiter, job placement agency, headhunter) should advise the agent to coordinate **all** arrangements for the personal appearance with the LSBME Office of Licensure **after and only after** the Office of Licensure has contacted the applicant to advise that the personal appearance is to be scheduled. It is the experience of this agency that when agents of the applicant do not coordinate with the Office of Licensure for all arrangements for personal appearances, a delay in processing occurs.

VERIFICATION PROCEDURES

LSBME conducts verification of credentials through contact with entities listed in the application. Unless otherwise specifically provided, the LSBME will not accept documents directly from the applicant. LSBME queries databases for information (i.e. examination, board history, criminal history) and produces reports accordingly.

LSBME investigates unreliable information and seeks alternative means to obtain correct information.

See chart for more verification procedures.

Verification Forms/Requests	Applicant	Third Party Replies Directly to LSBME
Dean/Registrar Verification Form	Complete and forward to Dean/Registrar	Complete and forward LSBME form to LSBME
Verification/Endorsement	Complete and forward to initial licensing entity for verification	Complete and forward LSBME form to LSBME
Examination Scores Verification Form	Complete and forward to testing entity	Send verification of scores to LSBME
Verification of Credentials	Complete and forward to Credentialing Board	Send verification of Credentials to LSBME
Verification of Internship	Complete and forward form to Director of Medical Education or Program Chairman	Send verification of internship/Residency form to LSBME

MISCELLANEOUS FEES CHARGED BY ENTITIES

Applicant bears the responsibility of costs of fees that are required for verification of credentials. Where fees in foreign currency are required, applicant bears the responsibility of obtaining and providing all required fees in proper form.

LSBME FEES AND CHARGES BY THIRD PARTY PROVIDERS

LSBME fees and charges by third party providers subject to change; therefore, visit the LSBME website.

Payment, **in U.S. currency**, is to be made to the **Louisiana State Board of Medical Examiners*** or to LSBME by check or money order only. **The LSBME does not accept cash. DO NOT forward money orders which are blank on the “Payable to” line. Be sure to enter name of payee.**

Where fees in foreign currency are required, applicant bears the responsibility of obtaining and submitting directly to the LSBME all required fees in proper form.

Applicant bears costs related to conversion of monies to U.S. currency and electronic transmission of monies to the LSBME.

- Application and adequate monies in accordance with the fee schedule are to be forwarded to the correct application processing address listed below:

- If Clinical Laboratory Personnel:
 - Louisiana State Board of Medical Examiners
P.O. Box 54383
New Orleans, LA 70154-4383
- If **other than Clinical Laboratory Personnel**:
 - Louisiana State Board of Medical Examiners
P.O. Box 54403
New Orleans, LA 70154-4403

*** See special instructions about money orders and criminal background check.**

ABOUT LOANS GUARANTEED BY THE LOUISIANA STUDENT FINANCIAL ASSISTANCE COMMISSION (LOSFA)

Louisiana law provides that default on the repayment of any loan guaranteed by Louisiana Student Financial Assistance Commission (LOSFA) requires the LSBME and all other state boards, departments and agencies to deny an application for an initial, renewed or reinstated license, permit, or certificate to engage in the practice of medicine or any other trade, practice or occupation. (LAS-R.S. §37:2951A). The law also authorizes the LSBME to

issue conditional authority to practice pending an applicant's compliance with the repayment requirements of the loan, as determined and reported by LOSFA. For more information about this matter, call the LOSFA Pre-Claim Office at 1-800-256-3137. As LOSFA-related matters are matters between borrowers and LOSFA, the LSBME is not in a position to resolve LOSFA-related matters. As such, callers to the LSBME about LOSFA-related matters will be immediately referred to the LOSFA Pre-Claim Office as the LSBME does not have available the information necessary to resolve LOSFA-related matters. The LSBME is unable to assist until such time that LOSFA *actually* provides the LSBME with written documentation that all LOSFA-related matters are resolved.

TRANSLATIONS

LSBME requires all documents received from the primary source in a language other than English to be translated by a third-party professional translator. Foreign language documents received pursuant to secondary verification will be required to have applicable translations attached. The translation document shall have attached a certified true copy of the document translated. The translator shall sign and provide identifying information (i.e. printed name, physical address, mailing address, phone number) on the translation document and on the certified true copy of the translated document. It is the responsibility of the applicant to make all arrangements, including remittance of all translation fees to the appropriate entity. LSBME will allow the physician to request an unlimited number of certified photocopies of such translations for personal use in accordance with the fee schedule.

INFORMATION RECEIVED BY THE LSBME

LSBME obtains verification of all credentials reported by the applicant. If any requirement or component of requirement is omitted or deemed by LSBME as unacceptable, illegible, inconsistent, or incorrect, LSBME will make one (1) attempt to rectify the problem directly with the entity. Unresolved items are reported to the applicant and until resolved are considered omissions and discrepancies by the LSBME.

CODES

Refer to "LSBME Code Descriptions" in this booklet to complete the application.

INSTRUCTIONS ON APPLICATION

Most instructions for completing the LSBME application are located in the left column of the application; however, the applicant should read each of the following sections to avoid common mistakes. Complete all components of the application that are applicable. ***Do not estimate dates. Note: If the information obtained from the primary source differs from the information the applicant provides in the application, the applicant may be required to clarify such discrepancies in writing. For purposes of documentation, all correspondence used to clarify discrepancies will be provided to the LSBME.***

All of the forms for application are critical to begin processing the application. *Each* item must be complete; otherwise, the applicant will be required to complete an entirely new form.

REQUIRED DOCUMENTS

Certain documents must be submitted with the LSBME application. Omitted documentation will result in processing delays.

NAME, DATE, PLACE OF BIRTH; CERTIFIED BIRTH CERTIFICATE OR ORIGINAL PASSPORT

The applicant must submit a notarized copy of the birth certificate (obtained directly from the issuing agency) or passport (expired passports are acceptable). If the applicant submits a notarized copy of the passport, the applicant must include a written explanation of the reason the birth certificate is not available. Passports must be signed. Unsigned passports will not be accepted.

Notarized birth certificates must bear an official seal (or stamp) and a

signature of an authorized representative of the issuing entity. See Louisiana Vital Records Information and links to other states at <http://www.vitalrec.com/la.html#State>.

If "Alternate Names" are reported to the LSBME or discovered through the verification process, LSBME requires written explanation of the use of the name(s).

Application for licensure in a name other than that which appears on the original professional degree of applicant requires certified copy of official documentation of name change (i.e., court order, divorce decree, marriage certificate).

Birth Other than in U.S. or one of its Territories

- Notarized document(s) required.
- Applicant born abroad and U.S. citizen by virtue of birth to citizen(s) of the U.S. while abroad (i.e., military service personnel serving abroad), must present proof of citizenship [i.e. U.S. Passport, certificate of citizenship, birth certificate showing U.S. citizenship of parent(s)].
- Naturalized citizen must present original certificate of naturalization.

Special Instructions: Citizenship and Valid VISA

- Applicants who are not **native-born** U.S. citizens (born in the U.S. or one of its territories) must present either:
 - proof of U.S. citizenship or
 - a valid visa issued by the U.S. Immigration and Naturalization Service.
- Proof of U.S. citizenship can be accomplished by producing
 - ORIGINAL Certification of Naturalization, or
 - Birth Certificate establishing birth to U.S. citizens traveling abroad.
- Valid Visa. A valid visa is a visa issued by the Immigration and Naturalization Service (INS) authorizing a person to reside and work in the U.S. Applicants who are not native-born citizens of the U.S. are not eligible to receive any type of licensure or temporary permit in Louisiana until the required credentials are presented and accepted by this agency.

PHOTOGRAPH OF APPLICANT

"RECENT PHOTOGRAPH", *defined*: The term, "recent photograph" means a photograph which meets the following criteria: of applicant alone, taken within six months of filing of the application, passport quality photograph, clear, front view, full face without a hat or dark glasses. Further, the "recent photograph" cannot be any of the following: full-length photos, black and white or computer-generated photograph, "instant" snapshots (i.e. Polaroid).

- See special instructions herein about affixing photograph to form in space provided.
- See special instructions herein about signing photograph in the presence of a Notary Public.
- See special instructions herein about notary seal impressed directly on photograph.

AUTHORIZATION AND RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

Form entitled "Third Party Authorization" is included with all correspondence to source entities.

PHOTOCOPY OF DIPLOMA

The applicant must submit a legible 8 1/2" x 11" photocopy of his/her medical school or allied health school diploma with the application. Photocopies that are larger than 8 1/2" x 11" will not be accepted. Diplomas must clearly display the following:

- The name of the institution
- The institution's official seal (or stamp) and a signature of an authorized representative
- The name of the applicant
- The degree awarded

- The date degree was awarded

NOTE: Except as otherwise provided, all documents required to be submitted to the board must be the original thereof.

CERTIFICATION BY SCHOOL

The applicant is required to complete certain parts of the school certification form.

- Attach a recent photograph *as defined herein* to form entitled "Certificate of Dean/Registrar". Sign name across the bottom of the *front* of the photograph. Do not sign on the back of the photograph. ***It is the responsibility of the applicant to be sure that the Notary follows the directions listed on the form.***
- ***After*** photograph is affixed to form and notarized, applicant forwards form to the Medical/Allied Health Program
 - If applicant is M.D., D.O. or D.P.M.: Form is completed by the dean or registrar of the medical, osteopathic, or podiatric school from which applicant graduated.
 - If applicant is Allied Health Professional: Form is completed by the program chairman/head of the allied health program from which applicant graduated.
- The official seal of the school must be impressed on the form where indicated. If the medical school/allied health profession program does not have a seal, that fact must be verified by the school/program on the form accompanied by a statement on the school's letterhead, signed by an official in the registrar's office of that school/program.

CERTIFICATE OF MEDICAL/PROFESSIONAL SOCIETY

The Executive Officer of the local county medical/professional society completes the appropriate section of the form. The seal of the society is to be impressed on the form. If the society does not have a seal, that fact must be verified on the form by the Executive Officer of the society. Applicants who are not members of a local/county/parish medical/professional society are required to provide an explanation on the form.

CHARACTER RECOMMENDATIONS

The LSBME requires letter(s) of character recommendation from individuals other than relatives of the applicant. Person attesting to the good character of the applicant are attesting to the fact that they have known the applicant for at least six (6) months and should be persons who reside in the community where applicant resided during the six (6) months prior to filing the application with the LSBME. See chart below.

PROFESSION	CHARACTER RECOMMENDATIONS REQUIRED
Athletic Trainers	(2) 1 Physician and 1 Certified Athletic Trainer or professor if recent graduate
Midwives	(4) 1 Physician or Certified Nurse-Midwife, 1 Licensed Midwife, 1 consumer of midwifery services, and 1 member of the community
Occupational Therapists/ Assistants	(2) 2 Occupational Therapists, or 1 Occupational Therapist and 1 Physician, or teachers/professors, if recent graduate
Physician's Assistants	(1) 1 Physician
Physicians	(2) 2 Physicians
Podiatrists	(1) 1 Podiatrist
Private Radiological Technologists	(1) 1 Co-worker
Respiratory Therapist	(1) 1 Co-worker

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS CRIMINAL BACKGROUND CHECK

GENERAL

Applicants who do not have the LSBME Criminal Background Check Materials (i.e. LSBME-issued fingerprints cards) should contact the LSBME immediately to order materials. Provide name, mailing address and identification number (i.e. social security number and issuing state **or** national identification number and issuing country). Materials can be obtained by either of the following methods of contact:

- E-mail: lsbmemat@lsbme.louisiana.gov
- Write to:

Louisiana State Board of Medical Examiners
ATTN: CB
P O Box 30250
New Orleans, LA 70190-0250

Applicants must forward criminal background check materials, including fingerprint cards, to the LSBME at the following address, ***which is different from the application processing address***. Generally a self- addressed envelope is included:

Louisiana State Board of Medical Examiners
ATTN: CB
P O Box 30250
New Orleans, LA 70190-0250

Applicants with Criminal Histories, including pending matters, may expect delays in application processing.

Like many states, the Louisiana State Board of Medical Examiners (LSBME) conducts a criminal background check as part of the application process¹

Applicants, who have ever, either as an adult or a juvenile, been cited, arrested, charged, convicted, or pled *nolo contendere* to any violation of any state or federal statute should be prepared to address the matter with the LSBME. This includes matters that have been expunged or been subject to a diversionary program. Delays in consideration of an application that is otherwise complete may be expected depending on the circumstances of the event.

Applicants must submit two (2) cards, ***issued by the LSBME***, with their fingerprints. The fingerprints are actually taken by law enforcement officials in the applicants' locale². Applicants contact state or local police/sheriff's office to inquire about procedures for completion of fingerprint record cards. A particular location, time and fee for fingerprinting may be specified. Both cards are taken to the designated location for completion. Completed fingerprint cards and all other criminal background check materials are forwarded to the LSBME by the applicant. The ***LSBME*** then forwards criminal background check materials to the Louisiana Department of Public Safety and Corrections (DOC) and to the Federal Bureau of Investigations (FBI). Generally, the background check is not complete and the report is not forwarded to the LSBME until after the DOC and FBI have received the fingerprint cards. If there is no report of criminal history from the DOC and/or FBI, generally, the application moves forward through the application process at the LSBME.

The LSBME Office of Investigations and Enforcement, as a matter of routine, reviews and investigates:

- Reports of criminal history from the DOC and/or FBI.

¹ 1 LSA-R.S. 37:1270(A) (7).

² 2 Fingerprints may also be taken by fingerprint technicians.

- Incidents where the applicant has not answered truthfully on the application.

NOTE: Where the applicant has not answered truthfully on the LSBME application, multiple issues present for the applicant.

Criminal Background Check Process	
LSBME sends to the applicant	<p><u>Materials Received by LSBME from Applicant</u></p> <p>Applicant forwards the following materials for criminal background to the LSBME post office box address: <i>LSBME, Attn.: CB, P. O. Box 30250, New Orleans, LA 70190-0250</i> in the self addressed return envelope provided.</p>
<ul style="list-style-type: none"> • Information sheet • 2 LSBME-issued finger print cards • Checklist • Release Form • Return envelope 	<ul style="list-style-type: none"> • Signed release form. • Affidavit (if applicable) • 2 complete LSBME-approved fingerprint cards. Cards are not to be folded or stapled. • Money order³ for fingerprint record check as follows: One <u>money order</u> in the amount of \$50.00 made payable to the Louisiana Department of Safety/Corrections. • Any other processing fees and/or materials relative to criminal background check.

The LSBME may conduct further investigation, as it deems necessary.

Questions regarding the criminal background check should be directed to the LSBME Office of Investigations and Enforcement at (504) 568-6820 extension 265.

Applicants with Criminal Histories, including pending matters, may expect delays in application processing.

³ DO NOT forward money order, which is blank in the space for "Payable to".

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
FEE SCHEDULE FOR INITIAL LICENSURE**

****Effective May 1, 2004****

Note: If applying for a temporary permit, permanent licensure fee must accompany the temporary permit fee.

Profession		Form Of Payment	Payable To	Amount	Send To	Total
ALL APPLICANTS: FINGERPRINTS		Money Order	La. Department of Public Safety and Corrections	\$50.00	LSBME	\$50.00
For LSBME to return documents to applicant in U.S. by U.S. Certified Mail, Return Receipt Requested.		Check or Money Order	LSBME	\$2.55	LSBME	\$
For LSBME to return documents to applicant in U.S. by courier.		SEE INSTRUCTIONS				-----
RECIPROCITY	Physicians And Surgeons (U.S. Or IMG)	Check or Money Order	LSBME	\$382.00	LSBME	\$
	Podiatrist	Check or Money Order	LSBME	\$300.00	LSBME	\$
	Occupational Therapist	Check or Money Order	LSBME	\$150.00	LSBME	\$
	Occupational Therapy Assistant	Check or Money Order	LSBME	\$100.00	LSBME	\$
	Registered Respiratory Therapist	Check or Money Order	LSBME	\$150.00	LSBME	\$
	Certified Respiratory Therapist	Check or Money Order	LSBME	\$100.00	LSBME	\$
MD/DO	Transfer from PGY-1 Status	Check or Money Order	LSBME	\$282.00	LSBME	\$
	Graduate Education Temporary Permit(GETP)	Check or Money Order	LSBME	\$200.00	LSBME	\$
	Transfer from GETP Status	Check or Money Order	LSBME	\$182.00	LSBME	\$
	Dispensing Registration	Check or Money Order	LSBME	\$75.00	LSBME	\$
	Institutional Permits	Check or Money Order	LSBME	\$100.00	LSBME	\$
	Military Physician Permit	Check or Money Order	LSBME	\$100.00	LSBME	\$
	Military Intern Permit	Check or Money Order	LSBME	\$50.00	LSBME	\$
	Post Graduate Year One Registration (PGY1;PGY2)	Check or Money Order	LSBME	\$50.00	LSBME	\$
	Short Term	Check or Money Order	LSBME	\$100.00	LSBME	\$
	Physicians And Surgeons- Retired	Check or Money Order	LSBME	\$150.00*	LSBME	\$
	Acupuncturist	Check or Money Order	LSBME	\$200.00	LSBME	\$
	Visiting Physicians	Check or Money Order	LSBME	\$100.00	LSBME	\$
PODIATRIST	Podiatry Residency Training Permit	Check or Money Order	LSBME	\$50.00	LSBME	\$
	Podiatrist	Check or Money Order	LSBME	\$300.00	LSBME	\$
	Podiatrist Temporary Permit	Check or Money Order	LSBME	\$100.00	LSBME	\$
	Acupuncture Assistant	Check or Money Order	LSBME	\$200.00	LSBME	\$
ALLIED HEALTH (other than clinical Laboratory)	Athletic Trainer	Check or Money Order	LSBME	\$125.00	LSBME	\$
	Clinical Exercise Physiologist	Check or Money Order	LSBME	\$150.00	LSBME	\$
	Midwife	Check or Money Order	LSBME	\$200.00	LSBME	\$
	Occupational Therapist	Check or Money Order	LSBME	\$150.00	LSBME	\$
	Occupational Therapy Assistant	Check or Money Order	LSBME	\$100.00	LSBME	\$
	Occupational Therapy Temporary Permit	Check or Money Order	LSBME	\$50.00	LSBME	\$
	Occupational Therapy Assistant Temporary Permit	Check or Money Order	LSBME	\$50.00	LSBME	\$
	Physician Assistant	Check or Money Order	LSBME	\$250.00	LSBME	\$
	Physician Locum Tenens	Check or Money Order	LSBME	\$25.00	LSBME	\$
	Physician Asst., Supervising Physician (One time fee)	Check or Money Order	LSBME	\$75.00	LSBME	\$
	Private Radiological Technologist	Check or Money Order	LSBME	\$35.00	LSBME	\$
	Registered Respiratory Therapist (RRT)	Check or Money Order	LSBME	\$150.00	LSBME	\$
	RRT Work Permit	Check or Money Order	LSBME	\$50.00	LSBME	\$
	RERT Temporary License	Check or Money Order	LSBME	\$200.00	LSBME	\$
	Certified Respiratory Therapist (CRT)	Check or Money Order	LSBME	\$100.00	LSBME	\$
	CERT Temporary License	Check or Money Order	LSBME	\$150.00	LSBME	\$
	CRT Work Permit	Check or Money Order	LSBME	\$50.00	LSBME	\$
ALLIED HEALTH CLINICAL LABORATORY PERSONNEL	Generalist	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Generalist Trainee	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Generalist Temporary Permit	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Specialist	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Specialist Trainee	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Specialist Temporary Permit	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Technician	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Technician Trainee	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Technician Temporary Permit	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Cytotechnologist	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Cytotechnologist Trainee	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Cytotechnologist Temporary Permit	Check or Money Order	CLPC	\$50.00	LSBME	\$
	Laboratory Assistant	Check or Money Order	CLPC	\$25.00	LSBME	\$
	Laboratory Assistant Trainee	Check or Money Order	CLPC	\$25.00	LSBME	\$
	Phlebotomist	Check or Money Order	CLPC	\$25.00	LSBME	\$
	Phlebotomist Temporary Permit	Check or Money Order	CLPC	\$25.00	LSBME	\$
TOTAL						\$

*Must Complete Waiver Form

NOTE: The LSBME will notify applicant if insufficient monies are remitted.

LSBME CODE DESCRIPTIONS

SPECIALTY CODES

ADL Adolescent Medicine
AM Aerospace Medicine
A Allergy
AI Allergy and Immunology
AN Anesthesiology
BE Broncho-Esophagology
BLB Blood Banking
CD Cardiovascular Diseases
CCM Critical Care Medicine
D Dermatology
DMP Dermatopathology
DIA Diabetics
EM Emergency Medicine
END Endocrinology
REN Endocrinology, Reproductive
FP Family Practice
GE Gastroenterology
GP General Practice
GPM General Preventive Medicine
GER Geriatrics
GO Gynecological Oncology
GYN Gynecology
HEM Hematology
HYP Hypnosis
IG Immunology
DLI Immunology, Diagnostic Lab
IP Immunopathology
ID Infectious Diseases
IM Internal Medicine
LAE Laryngology
LM Legal Medicine
MFM Maternal and Fetal Medicine

MFS Maxillofacial Surgery
MM Medical Microbiology
NPM Neonatal-Perinatal Medicine
ND Neoplastic Diseases
NEP Nephrology
N Neurology
CHN Neurology, Child
NA Neuropathology
NM Nuclear Medicine
NR Nuclear Radiology
NTR Nutrition
OBS Obstetrics
OBG Obstetrics-Gynecology
OM Occupational Medicine
ON Oncology
RO Oncology, Radiation
OPH Ophthalmology
OT Otology
OTO Otorhinolaryngology
PTH Pathology
ATP Pathology, Anatomic
CMF Pathology, Chemical
CLP Pathology, Clinical
FOP Pathology, Forensic
PD Pediatrics
PDA Pediatrics, Allergy
PDC Pediatrics, Cardiology
PDE Pediatrics, Endocrinology
PHO Pediatrics, Hematology-Oncology
PNP Pediatrics, Nephrology
PDP Pediatrics, Pulmonology
PA Pharmacology

PM Physical Medicine and Rehabilitation
P Psychiatry
CHP Psychiatry, Child
PYA Psychoanalysis
PYM Psychosomatic Medicine
PH Public Health
PUD Pulmonary Diseases
R Radiology
RIP Radioisotopic Pathology
DR Radiology, Diagnostic
PDR Radiology, Pediatric
TR Radiology, Therapeutic
RHU Rheumatology
RHI Rhinology
AS Surgery, Abdominal
CDS Surgery, Cardiovascular
CRS Surgery, Colon and Rectal
FPS Surgery, Facial Plastic, Oto.
GS Surgery, General
HS Surgery, Hand
HNS Surgery, Head and Neck
NS Surgery, Neurological
ORS Surgery, Orthopedic
PDS Surgery, Pediatric
PS Surgery, Plastic
TS Surgery, Thoracic
TRS Surgery, Traumatic
U Surgery, Urological
VS Surgery, Vascular
OS Other
US Unspecified

CATEGORIES

ACU Acupuncture Assistants
ACU Acupuncture
ATH Athletic Trainers
CEP Clinical Exercise Physiologist
EMI EMT-Intermediate
EMP EMT-Paramedic
INS Institutional Temporary Permit
M/S Medicine and Surgery
MDW Midwife

MW Midwife Apprentice
MWS Midwife Senior Apprentice
OTT Occupational Therapist
OTA Occupational Therapy Assistant
OOO Osteopathy (after 06/01/1971)
OST Osteopathy (prior to 06/01/1971)
PAA Physician Assistant Class 1
PAB Physician Assistant Class 2
PAT PA Permit awaiting exam scores

POD Podiatry
XRA Radiological Technologist
RRT Registered Respiratory Therapist
RTH Respiratory Therapist
RTT Respiratory Therapy Technician
RTP Respiratory 12 Month Temporary
RT2 Respiratory 2 Year Temporary
STP Special Temporary Permit awaiting SPEX
T/R Teaching/Research Temporary Permit

AMERICAN SPECIALITY BOARD CERTIFICATION

03 Allergy and Immunology
04 Anesthesiology
10 Colon and Rectal
15 Dermatology
16 Emergency Medicine
17 Family Practice
20 Internal Medicine

25 Neurological Surgery
28 Nuclear Medicine
30 Obstetrics and Gynecology
35 Ophthalmology
40 Orthopedic Surgery
45 Otolaryngology
50 Pathology
55 Pediatrics

60 Physical Medicine and Rehabilitation
65 Plastic Surgery
70 Preventive Medicine
75 Psychiatry and Neurology
80 Radiology
85 Surgery
90 Thoracic Surgery
95 Urology

TYPE OF PRACTICE CODES

011 Resident – First year
012 Resident – All Other Years
014 Clinical Fellow
015 Research Fellow
020 Direct Patient Care

030 Administration
040 Medical Teaching
050 Medical Research
061 Other Patient Care
062 Other Non-Patient Care
070 Inactive

071 Retired
072 Semi-retired
073 Permanently Disabled
074 Temporarily not in practice
075 Not active for other reasons
100 No Classification

Examination Contacts for Medical and Allied Health Professions Other Than Clinical Laboratory Personnel
(Rev.07302003)

Federation Credentials Verification Service (FCVS)

Federation of State Medical Boards of the United States, Inc.
Federation Place
400 Fuller Wiser Road, Suite 300, Euless, Texas 76039-3855
Phone: 1-888-275-3287
Fax: 1-817-868-5099
Web site: <http://www.fsmb.org/app.htm>

Federation of State Medical Boards, Inc. (FSMB)

400 Fuller Wiser Road, Suite 300, Euless, Texas 76039-3855
Phone: (817) 868-4000
Web site: www.fsmb.org

Educational Commission for Foreign Medical Graduates (ECFMG)

3624 Market Street, Fourth Floor, Philadelphia, PA 19104-2685 USA
Phone (215) 386-5900
FAX (215) 387-9963
Web site: <http://www.ecfm.org>

Medical Council of Canada (MCC)

Courier Address:
Medical Council of Canada
2283 St. Laurent Blvd., Suite 100
Ottawa, ON Canada K1G 5A2
Mailing Address:
Medical Council of Canada
P. O. Box 8234 Street T
Ottawa ON Canada K1G 3H7
Web site: <http://www.mcc.ca/contact.html>

American Council on Graduate Medical Education (ACGME)

515 North State Street, Suite 2000
Chicago, IL 60610-4322
Phone: (312) 464-4920
Facsimile: (312) 464-4098
Faxback: (312) 245-9174
Internet E-mail: xxx@acgme.org
Web site: <http://www.acgme.org/contacts/contacts.htm>

American Board of Medical Specialties (ABMS)

1007 Church Street, Suite 404
Evanston, Illinois 60201-5913
Phone: (847) 491-9091
Fax: (847) 328-3596
Web site: <http://www.abms.org>

The United States Medical Licensing Examination (USMLE)

USMLE
Office of the Secretariat
3750 Market Street
Philadelphia, PA 19104
Phone: (215) 590-9600
Fax: (215) 590-9470
Web site: <http://www.usmle.org>
Internet E-mail: usmle@fsmb.org

National Board of Medical Examiners (NBME)

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104
Phone: (215) 590-9500
Fax: (215) 590-9555
Web site: <http://www.nbme.org>
Internet E-mail: webmail@mail.nbme.org

National Board of Osteopathic Medical Examiners (NBOME)

National Board of Osteopathic Medical Examiners
8765 W. Higgins Road, Suite 200
Chicago, IL 60631-4101
Phone: (773) 714-0622
Fax: (773) 714-0631
Web site: <http://www.nbome.org>
Internet E-mail: admin@nbome.org

Special Purpose Examination (SPEX)

Examination Services-SPEX Coordinator
Federation of State Medical Boards
Federation Place
400 Fuller Wiser Road, Suite 300
Euless, TX 76039-3855
Phone: (817) 868-4041
Web site: <http://www.fsmb.org/spexinfo.htm>
Internet E-mail: spex@fsmb.org

Podiatric Medical Licensing Examination for States (PMLexis)

Chauncey Group International
664 Rosedale Road
Princeton, New Jersey 08540
Phone: (609) 720-6698
Fax: (609) 720-6554

Federation of Podiatric Medical Boards

Larry I. Shane, Executive Director
P.O. Box 740525
Boynton Beach, FL 33474-0525
Phone: (561) 477-3060
Web site: <http://www.fpmbo.org>

National Board of Podiatric Medical Examiners (NBPME)

NBPME Parts 1&2
CN 6516
Princeton, NJ 08541-6516
Phone: (609) 720-6698

Physician Assistant National Certifying Exam (PANCE)

NCCPA
157 Technology Parkway, Suite 800
Norcross, GA 30092-2913
Phone: (770) 734-4500
Fax: (770) 734-4535
Web site: <http://www.nccpa.net>
Internet E-mail: nccpa@nccpa.net

North American Registry of Midwives (NARM)

Testing Department
P O Box 7703
Little Rock, AR 72217-7703
Phone: 1-888-353-7089
Fax: (501) 296-9769
Web site: <http://www.mana.org/narm>
Internet E-mail: NARMCPM@aol.com

National Board for Certification in Occupational Therapy (NBCOT)

800 S. Frederick Avenue, Suite 200
Gaithersburg, MD 20877-4150
Phone: (301) 990-7979
Fax: (301) 869-8492
Web site: <http://www.nbcot.org>

National Athletic Trainers Association (NATA)

Board of Certification
1512 South 60th Street
Omaha, Nebraska 68106-2102
Phone: (402) 559-0091
Fax: (402) 561-0598
Web site: <http://www.nataboc.org>
Internet E-mail: staff@nataboc.org

The National Board for Respiratory Care, Inc. (NBRC)

8310 Nieman Road
Lenexa, Kansas 66214
Phone: (913) 599-4200
Web site: <http://www.nbrc.org>
Internet E-mail: nbrc-info@nbrc.org